

REFERRAL FORM

Which service do you require?	Which centre do you wish to attend?					
Supervised contact £75.00 per ho	Leeds (mid week or alt Sundays only)					
Supported contact £45.00 per hour			Bradford (alt Saturdays only)			ly)
Handover contact £20.00 each v	vay					
Frequency required (circle as appropriate) Please state parties preferred	Weekly Wedne	esday T	Fortnightly Thursday Leeds only	Month Saturd	lay	Other Sunday Leeds only
availability to attend (circle as appropriate)		,	·		,	Leeds only
Non-refundable referral fee of £100 enclosed (a date and time for the first appointment will be given only on receipt of both referral form and referral fee)						
Is this referral ordered by the Court (If yes, a copy of the Order must accompany the referral form) Yes No						No
Are there on-going criminal investigations or pending Findings of Fact at the time of referral (please note, if yes, the referral will not be accepted) Yes N						No
Disease has assessed that Familia			(1 -1!(!		

Please be aware that Families Forward do not provide additional reports for the Court other than observations notes that are provided to each party, nor do we attend Court proceedings

1. Children

Name	Gender	Date of birth	Name of Carer
	M/F		

2. Parties

3.

4.

5.

(must be completed) Telephone Number Email address (please provide) Solicitor details if applicable (name, firm, address, contact telephone number and email) Referrer Name Agency and address Telephone Number Languages spoken at home First language: Other language: Other language: Is an interpreter needed for contact? If yes, this must be agreed prior to contact started and agreed through an independent organisation (to not friends or family.) Please note, the arrangement and cost of any interpretation service is not the responsibility of Families Poes the child/ren, young person/s have a medical condition, disability, earning or behavioural disorder that we need to be aware of?		Reside	nt Party		Non-resid	ent Party	
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Yes	earning or beha	vioural	disorder that	we need	to be awa	are of?	
Yes							
	Vaa		If yes, please g	ive details			
No.	res						
	No						

Yes	If yes, please give details	
No		
Please giv	es the contact need to be supervised? (This section must be complete details, eg concerns of abuse, history of substance misuse/violence, no contact. Include any prior convictions/cautions committed by either party)	t∈
What is	s the purpose/plan of supervised contact? (Please give as much on as possible to avoid delay)	

Care/CAFCASS/Domestic Vi	any other agencies involved, eg Social iolence programme (If yes, please attach any ails for other professionals involved)
Has contact previously tak was it stopped?	ken place at any other contact centre, and wh
best of our knowledge. We Families Forward will be use	e have answered the above questions to the understand that all information provided to ed for the sole purpose of the facilitation of
contact. Parties	
	Non Posident Party
Resident Party Signed:	Non-Resident Party Signed:
Date:	Date:

Please return referral form to:

Families Forward Oaktree House, 408 Oakwood Lane, Leeds LS8 3LG Telephone 0113 235 9322

Email office@familiesforward.org.uk
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